

ALBERT EINSTEIN COLLEGE OF MEDICINE
OF YESHIVA UNIVERSITY

JACK AND PEARL RESNICK CAMPUS • 1300 MORRIS PARK AVENUE • BRONX, NEW YORK 10461-1602

Phone: (212) 430-2833

THE SAUL R. KOREY
DEPARTMENT OF NEUROLOGYPATIENT:
DATE:RONNIE GILADI
5-26-92

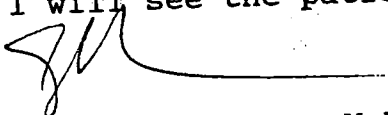
Mr. Giladi had release of carpal tunnel and ulnar nerve at the elbow on the left. He reports that his numbness in the first three fingers on the left is better, but that he has increasing tingling in the fourth and fifth digits of the left hand and has a burning sensation over the inner aspect of the left elbow. The right hand is unchanged. He is continuing to work.

PHYSICAL EXAMINATION: On examination, patient has no weakness. He reports some dysesthesias of the fourth and fifth digits of the left hand. He has no atrophy.

CLINICAL NEUROPHYSIOLOGICAL TESTING: Clinical neurophysiological testing was performed, the results of which are reported on the accompanying sheets. In brief, these studies are unchanged from prior studies, except that the left median nerve functions somewhat better in that the sensory nerve action potentials are no longer absent.

IMPRESSION: The patient's carpal tunnel syndrome has improved both symptomatically and electrodiagnostically. He feels more symptomatic in his left ulnar nerve after surgery, but there is no electrodiagnostic evidence of worsening. I think continued conservative management would be most efficacious.

I will see the patient in several months for followup.



Jerry G. Kaplan, M.D.
Associate Professor of Neurology
Director, EMG Laboratory
Albert Einstein College of Medicine
Montefiore Medical Center

JGK:lw/nl

006237

00238

MEDIAN NERVE CONDUCTION STUDY

NAME: Giladi, Roni

DATE: 5/26/92

TEMP: _____ HEIGHT: _____

MOTOR						
STIMULUS	RECORD- ING	AMPLITUDE	LATENCY (MS)	DISTANCE (MM)	NERVE CONDUCTION VELOCITY (M/SEC)	COMMENTS
(L) WRIST	APB	8.5	4.08			
ELBOW		8.3	8.86	244	51	
F WAVE			28.3- 30			

SENSORY						
D3	W	1.6	4.07	154	37.8	Slow low amp
P	W		1.84	74	40.2	Slow
P	D3	3.0	1.5	95	63.3	
RADIAL	L	4.4	2.05	97	47.3	

008239

MEDIAN NERVE CONDUCTION STUDY

NAME: Giladi, Roni

DATE: 5/26/92

TEMP: _____ HEIGHT: _____

MOTOR

STIMULUS	RECORD- ING	AMPLITUDE	LATENCY (MS)	DISTANCE (MM)	NERVE CONDUCTION VELOCITY (M/SEC)	COMMENTS
(R) WRIST		6.2	4.04			
ELBOW						
F WAVE						

SENSORY

D3	W	6.2	3.54	150	42.3	slow
P	W		2.03	63	31	slow
P	D3	5.6	1.41	76	53.9	

008240

LOWER EXTREMITY NERVE CONDUCTION STUDYNAME: Giladi, RoniDATE: 5/26/92

TEMP: _____ HEIGHT: _____

STIMULUS () SURAL NERVE	RECORD- ING	AMPLITUDE	LATENCY (MS)	DISTANCE (MM)	NERVE CONDUCTION VELOCITY (M/SEC)	COMMENTS
ORTHO- DROMIC						
ANTI- DROMIC						
(R) PERONEAL NERVE						
ANKLE Extensor Digitorum Brevis		4.4	3.84			
BELOW FIBULAR HEAD			11.9	365	44.8	
ABOVE FIBULAR HEAD		4.6	13.8	88	46.3	
F WAVE						
() TIBIAL NERVE (MEDIAL PLANTAR NERVE)						
ABOVE MEDIAL MALLEOLUS						
BELOW MEDIAL MALLEOLUS						
I REFLEX						
WAVE						

008341

DEPARTMENT OF NEUROLOGY

ALBERT EINSTEIN COLLEGE OF MEDICINE

DIVISION OF ELECTROPHYSIOLOGY

ULNAR NERVE CONDUCTION STUDYNAME: Giladi, RoniDATE: 5/26/92TEMP: _____ HEIGHT: 71"MOTOR

STIMULUS	RECORD- ING	AMPLITUDE	LATENCY (MS)	DISTANCE (MM)	NERVE CONDUCTION VELOCITY (M/SEC)	COMMENTS
④ WRIST	ADM	5.8	2.7			
BELOW ELBOW			6.62	233	59.4	
ABOVE ELBOW		4.8	9.7	126	40.6	slow
AXILLA						
ERB'S POINT						
F WAVE			24.7- 33.5			

SENSORY

() WRIST	Digit 5					
BELOW ELBOW						
ABOVE ELBOW						
AXILLA						
ERB'S POINT						
D5	Wrist	1.2	2.6	621	46.5	low amp

MIXED

WRIST	Bel. Elbow Above Elbow					
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C08242

DEPARTMENT OF NEUROLOGY

ALBERT EINSTEIN COLLEGE OF MEDICINE

DIVISION OF ELECTROPHYSIOLOGY

ULNAR NERVE CONDUCTION STUDYNAME: Giladi, RoniDATE: 5/26/92

TEMP: _____

HEIGHT: 71"MOTOR

STIMULUS	RECORD- ING	AMPLITUDE	LATENCY (MS)	DISTANCE (MM)	NERVE CONDUCTION VELOCITY (M/SEC)	COMMENTS
(R) WRIST		7.4	2.4			
BELOW ELBOW			6.44	236	58.4	
ABOVE ELBOW		6.6	9.14	113	41.5	slow
AXILLA						
ERB'S POINT						
F WAVE						

SENSORY

() WRIST	Digit 5					
BELOW ELBOW						
ABOVE ELBOW						
AXILLA						
ERB'S POINT						
D5	Wrist	6.0	2.36	115	48.7	C08243

MIXED

WRIST	Bel. Elbow					
	Above Elbow					

Joseph D. Fulco, M.D., F.A.C.S.

71 TOPT HILL ROAD
STATEN ISLAND, NEW YORK 10314

TELEPHONE (718) 448-3717

June 21, 1996

State Insurance Fund
199 Church Street
New York, NY 10007

Re: 38398020-044
SEQ: 007-0935 6779
RONI GALADI
Yeshiva University
D/A: 6/30/93
D/E: 6/21/96

Attention: Medical Division

To Whom It May Concern:

At your request I have conducted an orthopedic evaluation of the above named claimant. The following is for your information.

CHIEF COMPLAINT:

Claimant is complaining of near constant pain in his lower back.

HISTORY:

Claimant is a 44 year old male who states that he was employed in video production and on 6/30/93 he was carrying some heavy equipment. He states that he felt a sharp pain in his lower back that radiated into his legs.

He went to the health service at his place of employment and then followed up with his private physician.

He had physical therapy for a few months, which he states did not help. He then went to a Dr. Cortney, neurologist, who he states he has not seen for the past few months. He also sees Dr. Goldstein, orthopedist, four times a month.

006244

June 21, 1996

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Re: 38398020-044
SEQ: 007-0935 6779
RONI GALADI
Yeshiva University
D/A: 6/30/93
D/E: 6/21/96

He also states that he had an MRI of his lumbar spine on 11/5/93 that showed a herniated disc at L5 and bulging disc at L4,5. This report however is not available for my review today. No surgery has been recommended to date.

CURRENT COMPLAINTS:

He complains of pain in his lower back "most of the time" that radiates down both legs, more so on the right. He also complains of numbness of both ankles.

His medications include Relafen and Ultram. He states he is able to walk two to three blocks before stopping.

PAST HISTORY:

Remarkable for long history of bilateral carpal tunnel syndrome. He uses wrist splints. He denies any other accidents.

WORK HISTORY:

He states he has not worked since the date of accident.

EXAMINATION:

Claimant is a 44 year old male, 5'11", 220 lbs.

He states he cannot walk on his heels and toes.

Examination of the spine shows a full range of motion of the cervical and thoracic spine.

In seated position he can flex the lumbar spine 10 degrees with complaint of pain. In the standing position he can flex the lumbar spine 10 degrees and then complains of pain in his low back. Lateral motion is 10 degrees in either direction with complaint of pain.

On palpation there is allegation of moderate tenderness of the lumbar spine. However, there is no deformity of the spine and no paraspinal muscle tenderness or spasm.

006245

June 21, 1996

-3-

Re: 38398020-044
SEQ: 007-0935 6779
RONI GALADI
Yeshiva University
D/A: 6/30/93
D/E: 6/21/96

Examination of the upper extremities shows a full range of motion of the shoulders, elbows and wrists. Motor strength is 4/5. There is no evidence of atrophy in the upper extremities. There are no sensory losses in the upper extremities. Reflexes were 1+ and equal bilaterally. Tinel sign is positive bilaterally.

Examination of the lower extremities shows a full range of motion of the hips, knees and ankles. Motor strength is 4/5. There is no evidence of atrophy. Thighs measure 22", calves 18-1/2" in circumference bilaterally. There are no sensory losses in the lower extremities. Patellar reflexes were 1+ and equal. Achilles tendon reflexes were 1+ and equal.

In the seated position straight leg raising could be accomplished to 45 degrees bilaterally with complaint of severe pain in his lower back.

IMPRESSION:

Based upon this examination and assuming the history is correct the claimant presents with a mild to moderate partial causally related disability referable to his back.

At this point in time after the injury, the claimant has reached maximum medical improvement.

I am a physician authorized by law to practice in the State of New York and am not a party to this proceeding and hereby affirm that the foregoing is true to the best of my knowledge under penalty of perjury.

Very truly yours,


Joseph D. Fulco, M.D.

cc: Workers' Compensation Board
Brecher, Fishman, Feit, et al

Available for testimony 1st Wednesday of Month in Brooklyn, P.M.
Third Friday of Month on Staten Island, P.M.
Staten Island Preferred.

COS246

Joseph D. Fulco, M.D., F.A.C.S.

71 TOUT HILL ROAD
STATEN ISLAND, NEW YORK 10314
TELEPHONE (718) 448-3717

January 29, 1997

State Insurance Fund
199 Church Street
New York, New York 10007

Re: 38398020-044
SEQ: 007-0935 6779
RONI GILADI
Yeshiva Univ.
D/A: 6/30/93
D/E: 1/29/97

Attention: Medical Division

To Whom It May Concern:

At your request I have conducted an orthopedic evaluation of the above named claimant. The following is for your information.

CHIEF COMPLAINT:

Claimant is complaining of near constant pain in his lower back.

HISTORY:

Claimant is a 44 year old male previously examined by me on 6/21/96. That report is reviewed.

As you will recall, on 6/30/93, he was carrying heavy equipment at work when he felt a sharp pain in his lower back that radiated into his legs.

He is presently seeing Dr. Goldstein, orthopedist, once a month, more often if necessary.

He sees Dr. J. Cohen, neurologist, once every two to three months.

His medications include Daypro and Soma.

006247

January 29, 1997

-2-

Re: 38398020-044
SEQ: 007-0935 6779
RONI GILADI
Yeshiva Univ.
D/A: 6/30/93
D/E: 1/29/97

MRI of the lumbar spine performed on 11/5/93 showed diffuse right greater than left herniated disc at L5,S1 with inferior extension. Diffuse disc bulge at L4,L5.

CURRENT COMPLAINTS:

He is complaining of near constant pain in his lower back that radiates down both legs, right more than left. He has numbness in the toes of both feet.

He states he is able to walk one to two blocks before stopping.

He denies any subsequent accidents.

PAST HISTORY:

Long history of bilateral carpal tunnel syndrome with use of wrist splints. Surgery to the left elbow, 1991 injury.

WORK HISTORY:

He states he worked for 1-1/2 months following the accident and has been out of work since.

EXAMINATION:

Claimant is 5'11", 220 lbs.

He ambulates slowly and states he cannot walk on his heels and toes.

Examination of the spine shows a full range of motion of the cervical and thoracic spine.

In the sitting position the claimant will flex the lumbar spine 10 degrees with complaint of pain. In the standing position the claimant will flex the lumbar spine 10 degrees with complaint of pain. Lateral motion is 15 degrees in both directions with complaint of pain.

On palpation there is moderate tenderness of the lumbar spine. There is no deformity of the spine and no paraspinal muscle tenderness or spasm.

006248

January 29, 1997

-3-

Re: 38398020-044
SEQ: 007-0935 6779
RONI GILADI
Yeshiva Univ.
D/A: 6/30/93
D/E: 1/29/97

Examination of the upper extremities shows a full range of motion of the shoulders, elbows and wrists.

Motor strength is 4/5 of strength. There is no evidence of atrophy in the upper extremities. There are no sensory losses in the upper extremities. Reflexes are 1+ and equal. Tinel sign is positive bilaterally.

Examination of the lower extremities shows a full range of motion of the hips, knees and ankles.

Motor strength is all 4/5 strength. There is no evidence of atrophy. Thighs measure 22", calves 18-1/2" in circumference bilaterally. There are no sensory losses in the lower extremities. Patellar reflexes were 1+ and equal. Achilles tendon reflexes 1+ and equal.

In the seated position straight leg raising could be accomplished to 45 degrees bilaterally without complaint of severe pain in his lower back.

IMPRESSION:

Claimant presents with a moderate partial causally related disability referable to his back.

At this point in time I feel he has reached maximum medical improvement from active medical treatment and therapy for the accident of 6/30/93.

I am a physician authorized by law to practice in the State of New York and am not a party to this proceeding and hereby affirm that the foregoing is true to the best of my knowledge under penalty of perjury.

Very truly yours,

Joseph D. Fulco, M.D.

cc: Workers' Compensation Board
Brecher, Fishman, Feit, et al

Available for testimony 1st Wednesday of Month in Brooklyn, P.M.
3rd Friday of Month on Staten Island, P.M. Staten Island Preferred.

008249

Joseph D. Fulco, M.D., F.A.C.S.

71 TODT HILL ROAD
STATEN ISLAND, NEW YORK 10314

TELEPHONE (718) 448-3717

October 24, 1997

State Insurance Fund
199 Church Street
New York, N. Y. 10007

Attention: Medical Division/ Unit 053

RE: Claim #: 38398020-053
Name: Roni Giladi
Emp: Yeshiva University
Seq: 014 WCB: 0935 6779
D/A: 6/30/93
D/E: 10/24/97

To Whom It May Concern:

At your request I have conducted an orthopedic evaluation of the above named claimant at the office of Richmond Disability Evaluation Group. The following is for your review.

CHIEF COMPLAINT:

The claimant is complaining of constant pain in his lower back.

HISTORY:

The claimant is a 45 year old male previously examined by myself on 1/29/97 and that report was reviewed. As you recall, he was carrying heavy equipment at work and felt a sharp pain in his lower back radiating into his legs.

He presently continues to see Dr. Goldstein, his orthopedic surgeon, once a month and states more if necessary. He gets steroid injections to his back. The last one was about 2 weeks ago.

His medications include Daypro, Soma and Ultram.

008250

October 24, 1997

2

RE: Claim #: 38398020-053

Name: Roni Giladi

Emp: Yeshiva University

Seq: 014 WCB: 0935 6779

D/A: 6/30/93

D/E: 10/24/97

He also does some home exercises.

As you recall, an MRI of the lumbar spine performed on 11/5/93 showed diffuse right, greater than left, herniated disc at L5-S1 with inferior extension, diffuse disc bulge at L4-L5.

CURRENT COMPLAINTS:

He currently complains of constant pain in his lower back that radiates down both legs, more so into the right and numbness in the toes of both feet.

He could not quantify how far he could walk before stopping.

He has a long history of bilateral carpal tunnel syndrome and uses wrist splints. He had surgery to the left elbow in 1991.

He has a negative medical history.

He states that he worked for 1 ½ months following the accident and has been out of work since.

EXAMINATION:

The claimant is a 45 year old male. His height is 5'11". His weight is 200lbs. He ambulates slowly. He walks poorly on his heels and toes.

Examination of the spine shows a full range of motion of the cervical and thoracic spine. In the sitting position, he will flex the lumbar spine, once again, to approximately 10 degrees and in the standing position to approximately 20 degrees. Lateral motion is 15 degrees to the right and the left. On palpation there is moderate tenderness of the lumbar spine, no deformity of the spine. There is no paraspinal muscle spasm.

008251

October 24, 1997

3

RE: Claim #: 38398020-053

Name: Roni Giladi

Emp: Yeshiva University

Seq: 014 WCB: 0935 6779

D/A: 6/30/93

D/E: 10/24/97

Examination of the upper extremities shows a full range of motion of the shoulders, elbows and wrists. Motor strength is all 4/5 strength. There is no evidence of atrophy in the upper extremities. There are no sensory losses in the upper extremities. Reflexes were all 1+ and equal. Tinel's sign is positive bilaterally.

Examination of the lower extremities shows a full range of motion of the hips, knees and ankles. Motor strength is all 4/5 strength. There is no evidence of atrophy in the lower extremities. Thighs measure 23" and calves measure 19" in circumference bilaterally. There are no sensory losses in the lower extremities.

Patellar reflexes were 1+ and equal. Achilles tendon reflexes were 1+ and equal bilaterally.

Straight leg raising could be accomplished to 45 degrees in the sitting position bilaterally and then he complains of pain radiating into his back.

IMPRESSION:

The extent of causally related orthopedic disability referable to the back is moderate partial.

As in the past, I feel he has reached maximum benefit from active medical treatment. No treatment is necessary at this time.

I state that I am a physician authorized by law to practice in the State of New York, am not a party to this proceeding, am the physician who subscribed to the above report, have read the same and know the contents thereof, that the same is true to my knowledge, except as to those matters stated to be on information and belief, as to those matters I believe it to be true.

008252

October 24, 1997

4

RE: Claim #: 38398020-053

Name: Roni Giladi

Emp: Yeshiva University

Seq: 014 WCB: 0935 6779

D/A: 6/30/93

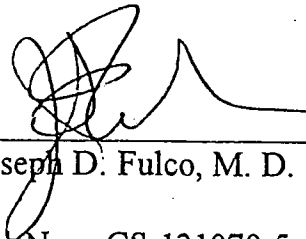
D/E: 10/24/97

The undersigned, hereby affirms that the foregoing statements are true under the penalties of perjury.

Dated

10/31/97

Signed



Joseph D. Fulco, M. D.

WCB Rating Code: CS

WCB Auth. No.: CS-131070-5

JDF/js

CC: Workers' Compensation Board

Brecher, Fishman & Feit

Robert Goldstein, M. D.

Available for testimony Friday, PM in Staten Island

Wednesday, PM in Brooklyn

Staten Island Preferred

006253

Joseph D. Fulco, M.D., F.A.C.S.

71 TODT HILL ROAD
STATEN ISLAND, NEW YORK 10314
TELEPHONE (718) 448-3717

September 4, 1998

State Insurance Fund
199 Church Street
New York, New York 10007

Attention: Medical Division

Date of Report: September 4, 1998
Date of Exam: September 4, 1998
Richmond Disability Evaluation Group, Inc.
1890 Clove Road, Staten Island, NY 10304
SIF Claim #: 38398020-053
Claimant's Name: RONI GILADI
Employer: Yeshiva University
WCB Number: 0935 6779 SEQ: 018
Date of Accident: June 30, 1993

To Whom It May Concern:

At your request I have conducted an orthopedic evaluation of the above named claimant at the office of Richmond Disability Evaluation Group. The following is for your information.

CHIEF COMPLAINT:

Claimant is complaining of constant pain in his lower back.

HISTORY:

Claimant is a 46 year old male, born 3/5/52, who I have evaluated in the past, the last time being May 1, 1998. Those reports are reviewed.

As you will recall, he states that while at work on June 30, 1993, carrying heavy equipment, he felt a sharp pain in his lower back radiating into his legs.

He continues to see Dr. Goldstein, an orthopedist, once a month.

006254

Page Number - -2-
Claim Number: 38398020-053
Claimant's Name: RONI GILADI
Date of Report: September 4, 1998

As you will recall, on 7/18/97, he underwent repeat MRI of the lumbar spine that was interpreted as showing a right sided disc herniation at L5,S1.

He continues to do home exercises. His medications at this time include Ultram, Daypro and Soma.

CURRENT COMPLAINTS:

He complains of constant pain in his lower back that radiates down both legs, more so into the right leg. He complains of numbness of his feet.

He could not quantify how far he could walk before stopping.

He denies any subsequent accidents.

PAST HISTORY:

He has bilateral carpal tunnel syndrome, related to an accident in December of 1991. He had a left carpal tunnel release and elbow surgery by Dr. Strauss. Medical history is unremarkable.

WORK HISTORY:

He states he worked for about 1-1/2 months after the accident and has not worked since.

EXAMINATION:

Claimant is 5'11", 200 lbs. He ambulates slowly and states he cannot walk on his heels and toes.

Examination of the cervical spine shows rotation of 50 degrees to the right and left. Flexion and extension are 30 degrees each with complaint of pain in his neck on these movements.

In the sitting position the claimant will flex the thoraco-lumbar spine 20 degrees with complaint of pain. In the standing position the claimant will flex the thoraco-lumbar spine 20 degrees with complaint of pain. Lateral motion is 20 degrees in both directions without significant complaint of pain.

000255

Page Number - -3-
Claim Number: 38398020-053
Claimant's Name: RONI GILADI
Date of Report: September 4, 1998

On palpation there is moderate tenderness of the lumbar spine. There is no deformity of the spine and no paraspinal muscle tenderness or spasm.

Examination of the upper extremities show a full range of motion of the shoulders, abduction is to 90 degrees and then he complains of pain in his lower back. Flexion is to 180 degrees.

There is full extension of the elbows with 150 degrees of flexion of the elbows. The wrists show 70 degrees of dorsiflexion and 80 degrees of palmar flexion.

Motor strength is 4/5 of strength. There is no evidence of atrophy in the upper extremities. There are no sensory losses in the upper extremities. Reflexes are 1+ and equal. Tinel sign is positive bilaterally.

Examination of the lower extremities shows a full range of motion of the hips with flexion to 120 degrees.

There is a full range of motion of the knees with flexion to 135 degrees and full extension. There is full range of motion of the ankles with 20 degrees of dorsiflexion and 40 degrees of plantar flexion.

Motor strength is 4/5 strength. There is no evidence of atrophy. Thighs measure 23-1/2", calves 19" in circumference bilaterally.

There are no sensory losses in the lower extremities. Patellar reflexes were 1+ and equal. Achilles tendon reflexes could not be elicited.

In the seated position straight leg raising could be accomplished to 30 degrees on the right and 45 degrees on the left with complaint of pain in his back.

IMPRESSION:

Based on examination and available medicals the claimant presents with a moderate partial causally related orthopedic disability.

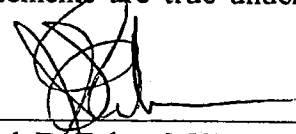
006256

Page Number - -4-
Claim Number: 38398020-053
Claimant's Name: RONI GILADI
Date of Report: September 4, 1998

As stated in the past, this claimant has reached maximum benefit from active medical care for the accident of 6/30/93.

I state that I am a physician, authorized by law to practice in the State of New York, am not a party to this proceeding, am the physician who subscribed to the above (or attached) report, have read the same and know the contents thereof, that the same is true to my knowledge, except as to the matters stated to be on information and belief, and as to those matters I believe it to be true.

The undersigned, hereby affirms that the foregoing statements are true under the penalties of perjury.

Dated: 9/11/98 Signed: 
Joseph D. Fulco, M.D.

WCB RATING CODE: CS

WCB AUTH. NO. 131070-5

cc: Workers' Compensation Board
Brecher, Fishman, Feit

Available for testimony, Wednesday, P.M. in Brooklyn.

Friday, P.M. on Staten Island. Staten Island Preferred

006257

Joseph D. Fulco, M.D., F.A.C.S.

71 TODT HILL ROAD
STATEN ISLAND, NEW YORK 10314
TELEPHONE (718) 448-3717

May 1, 1998

State Insurance Fund
199 Church Street
New York, New York 10007

Attention: Medical Division

Re: 38398020-053
SEQ: 016-0935 6779
RONI GILADI
Yeshiva University
D/A: 6/30/93
D/E: 5/1/98

To Whom It May Concern:

At your request I have conducted an orthopedic evaluation of the above named claimant at the office of Richmond Disability Evaluation Group. The following is for your information.

CHIEF COMPLAINT:

Claimant is complaining of near constant pain in his lower back.

HISTORY:

Claimant is a 46 year old male who I have examined in the past, the last time on 10/24/97. Those report have been reviewed.

As you will recall, he states that while at work on 6/30/93, carrying heavy equipment he felt a sharp pain in his lower back radiating into his legs.

PRESENT HISTORY:

He continues under the care of Dr. Goldstein, his orthopedist, who he sees once a month.

On 7/18/97 he underwent a repeat MRI of the lumbar spine which was interpreted as showing a right sided disc herniation at L5,S1.

006258

May 1, 1998

-2-

Re: 38398020-053
SEQ: 016-0935 6779
RONI GILADI
Yeshiva University
D/A: 6/30/93
D/E: 5/1/98

He is doing home exercises for his back. His medications at this time include Ultram, Daypro and Soma.

CURRENT COMPLAINTS:

He continues to complain of near constant pain in his lower back that radiates down both legs, worse on the right side. He complains of numbness in his feet, more on the right side.

He could not quantify how far he could walk before stopping.

He denies any subsequent accidents.

PAST HISTORY:

Remarkable for bilateral carpal tunnel syndrome related to an accident of December 1991. He had left carpal tunnel release as well as elbow surgery by Dr. Strauss. His past medical history is unremarkable.

WORK HISTORY:

He is employed in video production and states he worked for 1-1/2 months after the accident. He states he attempted to work in August of 1994, but could only work for a few days and has been out of work since.

EXAMINATION:

Claimant is 5'11", 200 lbs. He ambulates slowly and states he cannot walk on his heels and toes.

Examination of the cervical spine shows rotation of 30 degrees to the right and left. Flexion and extension are 20 degrees each. He complains of pain in his neck on these movements.

In the sitting position the claimant will flex the thoraco-lumbar spine 20 degrees with complaint of pain. In the standing position the claimant will flex the thoraco-lumbar spine 20 degrees with complaint of pain. Lateral motion 20 degrees in both directions without significant complaint of pain.

005259

May 1, 1998

-3-

Re: 38398020-053
SEQ: 016-0935 6779
RONI GILADI
Yeshiva University
D/A: 6/30/93
D/E: 5/1/98

On palpation there is moderate tenderness of the spine. There is no deformity of the spine and no paraspinal muscle tenderness or spasm.

Examination of the upper extremities shows abduction of the shoulders about 90 degrees with complaint of pain in his lower back. There is a full range of motion of the elbows and wrists.

Motor strength is 4/5 of strength. There is no evidence of atrophy in the upper extremities. There are no sensory losses in the upper extremities. Reflexes are 1+ and equal. Tinel sign is positive bilaterally.

Examination of the lower extremities shows a full range of motion of the hips, knees and ankles.

Motor strength is all 4/5 strength. There is no evidence of atrophy. Thighs measure 22", calves 19" in circumference bilaterally. There are no sensory losses in the lower extremities. Patellar reflexes were 2+ and equal. Achilles tendon reflexes 2+ and equal.

In the seated position straight leg raising could be accomplished to 45 degrees bilaterally with complaint of pain radiating into both sides of his back.

IMPRESSION:

Claimant presents with a moderate partial causally related disability.

As stated in the past, he has reached maximum benefit from active medical care as a result of the accident of 6/30/93.

I state that I am a physician, authorized by law to practice in the State of New York, am not a party to this proceeding, am the physician who subscribed to the above (or attached) report, have read the same and know the contents thereof, that the same is true to my knowledge, except as to the matters stated to be on information and belief, and as to those matters I believe it to be true.

006260

May 1, 1998

-4-

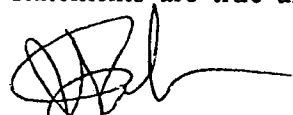
Re: 38398020-053
SEQ: 016-0935 6779
RONI GILADI
Yeshiva University
D/A: 6/30/93
D/E: 5/1/98

The undersigned, hereby affirms that the foregoing statements are true under the penalties of perjury.

Dated:

5/8/98

Signed:



Joseph D. Fulco, M.D.

WCB RATING CODE: CS

WCB AUTH. NO. 131070-5

Available for testimony, Wednesday, P.M. in Brooklyn.

Friday, P.M. on Staten Island. Staten Island Preferred

cc: Workers' Compensation Board
Brecher, Fishmann & Feit

006261

PHILIP M. LUSTBADER
DAVID LUSTBADER*
COUNSELLORS AT LAW
A PROFESSIONAL CORPORATION

ROBERT J. MCKENNA
ROBERT A. GREENBERG

MURRAY R. MILLER
OF COUNSEL

*CERTIFIED CIVIL TRIAL ATTORNEY

615 WEST MT. PLEASANT AVENUE
LIVINGSTON, NEW JERSEY 07039

AREA CODE 201
740-1000

November 10, 1988,

Dr. Robert Goldstein
Albert Einstein College of Medicine
1300 Morris Park Avenue
Bronx, New York 10461

RE: GILADI, RONI
OUR FILE NO: 99-76-DL

Dear Doctor Goldstein:

I enclose a medical authorization. This office has been consulted by Mr. Roni Giladi on whom you performed surgery on 9/21/87 at Einstein Hospital.

Mr. Giladi advises me that he received improper treatment at the emergency room at St. Barnabas Hospital on 9/6/87, which resulted in certain damage to his nerve. I would appreciate your advising me:

1. The nature of the problems Mr. Giladi had when presented to you;
2. Your diagnosis;
3. The surgery performed;
4. The current residuals that Mr. Giladi has and whether they will be permanent;
5. Whether there was a deviation from standards in the treatment that Mr. Giladi received in the emergency room which caused part or all of the problems for which you treated him.

If you have any questions, please feel free to telephone me.

006262

PHILIP M. LUSTBADER
DAVID LUSTBADER*
COUNSELLORS AT LAW
A PROFESSIONAL CORPORATION

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AREA CODE 201
740-1000

If there is any charge for your writing this report, please
advise me what it would be.

Very truly yours,

David Lustbader

DAVID LUSTBADER

DL:sm

cc: Mr. Roni Giladi

Enclosure

MR-656E
REV. 6/83the jack d. weiler hospital of
the albert einstein
college of medicine**OPERATIVE REPORT**

PATIENT'S NAME

**GILADI,
RONNIE**

MED. REC. NO.:

918369

DOCTOR'S NAME:

R GOLDSTEIN

ADMISSION DATE:

DATE OF OPERATION: **9/21/87****PREOPERATIVE DIAGNOSIS:****LEFT WRIST LACERATION, RULE OUT MEDIAN NERVE AND SUPERFICIAL
PALMAR CUTANEOUS NERVE DAMAGE****POSTOPERATIVE DIAGNOSIS:****SAME****OPERATION:****EXPLORATION OF LACERATION OF LEFT WRIST; REPAIR OF LEFT
PALMAR CUTANEOUS NERVE AND MEDIAN NERVE; EXPLORATION OF LEFT
MEDIAN NERVE****SURGEON:****R GOLDSTEIN****ASSISTANT:****D GOLDENBERG****ANESTHESIA:****REGIONAL****ANESTHESIOLOGIST:****PROCEDURE:**

The patient was brought to the Operating Room and, after adequate identification, was placed on the Operating Room table in supine fashion. Following the induction of a left axillary block by Anesthesia, the pneumatic tourniquet was applied to the left upper arm in the standard fashion. The hand was prepped and draped in the usual sterile manner and inspected.

The hand was elevated at this time, and an Esmarch bandage was placed, exsanguinating the arm, and the tourniquet was inflated to 275 mm Hg. The Esmarch bandage was replaced. The hand was placed back down on the hand table and supported, and the left wrist laceration was explored. The left wrist laceration was opened by removal of sutures, and it was extended proximally and distally. The laceration was in the mid volar surface of the wrist distally. It was placed so that the curve in the incision distally in the distal wrist crease was to the ulnar side of the wrist, and

continued

C06264

DATE DICTATED:

SIGNATURE _____

M.D.

DATE TRANSCRIBED:

DOCTOR'S COPY



the jack d. weiler hospital of
the albert einstein
college of medicine

PATIENT'S NAME

GILADI,

MED. REC. NO.:

RONNIE

918369

DOCTOR'S NAME:

ADMISSION DATE:

DATE OF OPERATION:

OPERATIVE REPORT

page 2

then down into the palm, following the major thenar-hypothenar crease to the level of the superficial palmar arch.

This incision was carried down through skin and subcutaneous tissues, and exploration with a combination of sharp and blunt dissection revealed a divided left palmar cutaneous nerve. Further exploration in the area allowed the median nerve to be explored. It was noted that there was a small nick in the outer epineurium of the median nerve, but that there were intact fascicular structures throughout the nerve. No hematoma or tendon injury was noted within the carpal tunnel.

At this point, attention was turned to the repair of the left palmar cutaneous branch. The left palmar cutaneous nerve was repaired, using interrupted 8-0 nylon stitches, after switching to microtechnique. It was noted that the palmar cutaneous nerve could be approximated without tension, and, at this point, the nerve repair was terminated.

The wound was irrigated, and the skin was closed, using interrupted 5-0 nylon stitches. A clean, sterile, dry dressing was placed, consisting of Bacitracin and Xeroform, then a bulky dressing molded around a plaster splint, keeping the hand in protected position. The hand was elevated at the termination of the procedure. The tourniquet was deflated and removed. There were no immediate complications. The patient tolerated the procedure well and was brought to the Recovery Room in satisfactory condition.

Dict. by: Dr. Goldenberg

HTS/lid

Tape A17

DATE DICTATED: 10/29/87

DATE TRANSCRIBED: 11/3/87

SIGNATURE

Robert Goldstein, M. D.

M.D.

COS265

DOCTOR'S COPY

ALBERT EINSTEIN COLLEGE OF MEDICAL DENTISTRY
BRONX, NEW YORK

PATIENT: GILADI
SSN: 112-64-3264
SURGEON: DR. GOLDSTEIN
REPORT TO: DR. GOLDSTEIN

AGE: 65
OP. DATE:
REC. DATE:

SPECIMEN NO.:
MEDICAL REC. NO.:
ROOM NO.:
RPT. DATE:

DIAGNOSIS

PERIPHERAL NERVE FRAGMENTS AND FIBROBLASTIC SARCOMA OF
left wrist)

CLINICAL DATA: Status post laceration of left nerve.

GROSS DESCRIPTION:

AN

The specimen is received fresh and consists of two fragments of peripheral nerve from the left wrist. It consists of two fragments of peripheral nerve, the larger measuring 0.3 x 0.1 x 0.1 cm. (All fragments are submitted for study.)

DR. ALBERT EINSTEIN
DR. RUGGIERO JANIS

DOCTORS COPY

006266

PATIENT INFORMATION

Name (Patient) RONI GILADI ^{Milburn} (Head of Household)
 Address P.O. BOX 127 NEWBURN, N.J. 07041
 Street & number Town State Zip Code
 Home telephone # 201-726-7735 Social Security # 112-64-3264
 Date of Birth 3/5/52 Age 35 Sex M.
 Current Marital Status: Single ☐ Married ☒ Separated ☐ Divorced ☐
 Occupation VIDEO PRODUCTION Business telephone # 430-2135
 Name and Address of Employer AECOM-

Chief Complaint: LESION ON LEFT WRIST.
 Is this problem due to recent or past injuries? If yes, explain: No -

Are you or have you been treated by a physician for illness (ie., diabetes, heart disease)? No - List: No -

Have you had any psychiatric or psychological examination or treatment? No Dates _____

List all medication you are presently taking No -

List any allergies to medications No -

Other allergies No -

Name & address of referring physician Dr. Spruitzen

Insurance (List all insurances covering both hospital/doctor and their ID numbers):

Name of insurance company _____ Telephone # _____

Address of insurance company 1199 -

9/16/87
Date

006207

[Signature]
Signature

DEC 19 '94 14:18

MMC/RISK MGT

283 P11

RONI GILADI
P.O. BOX 127
MILBURN, NEW JERSEY 07041
201- 726-7735

9/16/87 He is a 35 year old male , right-handed, who approximately 7-8 days ago, while working with a knife, cut the proximal wrist on his left hand. The injury was a laceration approximately 1" in length, approximately 2" from the volar wrist crease. At the time of the injury, he noted numbness over the volar aspect of the thumb metacarpal but no change in sensation in the fingers at all. Over the past number of days, this area of numbness has gradually decreased, however, he is left with a persistent strip of numbness in the area of distribution of the palmar cutaneous branch of the median nerve. My impression is that he has no laceration of the median nerve, but has a partial complete laceration of the palmar cutaneous branch of the median nerve. We discussed the alternatives and benefits of repair of this area and the disability of not undergoing such a repair and the expected outcome including things like neuroma and persistent dysesthesias. He will be scheduled for surgery after taking these things into consideration.

9/23/87 This is his first post-op visit since his surgery 2 days ago when he had repair of the cutaneous sensory branch of the median nerve. The splint is positioned, he is presently comfortable and he will be seen next week for the splint to be removed.

10/6/87 - Sube J/ce
Splint off
Ref 3 mo

10/28/87 He has a Tinel sign that goes down into the palm at about 1 cm distal to the nerve repair. He has complaints of a pain around his elbow and shoulder and was given some Advil to control that

12/2/87 About 4 days ago, he noticed some numbness in the thumb, index long and ring fingers. This had not been present prior to last week and it seems to be of onset over the past few days. He put into a cock-up splint, and he is going to be seeing Dr. Kaplan on Friday. It should be noted that the studies performed by Dr. Kaplan show some evidence of bilateral carpal tunnel syndromes.

CC6268

DEC 19 '94 14:19

MMC/RISK MGT

283 P12

11/23/88 He is complaining of pain in the shoulder, up and down the arm. He has a positive Tinel sign at the scar. There is decreased sensation throughout the entire hand. The hand is somewhat swollen and I believe that he maybe developing an early reflex sympathetic dystrophy. I will discuss with Dr. Kaplan, the possibility of instituting a block at the pain center and I urge him to have a block for both diagnostic and therapeutic purposes to see if this is actually a reflex sympathetic dystrophy.

006269

DEC 19 '94 14:19

MMC/RISK MGT

283 P13

PHILIP M. LUSTBADER
DAVID LUSTBADER*
COUNSELLORS AT LAW
A PROFESSIONAL CORPORATION

ROBERT J. MCKENNA
ROBERT A. GREENBERG

*CERTIFIED CIVIL TRIAL ATTORNEY

615 WEST MT. PLEASANT AVENUE
LIVINGSTON, NEW JERSEY 07039

MURRAY R. MILLER
OF COUNSEL

AREA CODE 201
740-1000

January 13, 1989

Dr. Robert Goldstein
Albert Einstein College of Medicine
1300 Morris Park Avenue
Bronx, New York 10461

RE: RONI GILADI
OUR FILE NO: 99-76-DL

Dear Doctor Goldstein:

Thank you for sending me copies of the records regarding Mr. Roni Giladi. Mr. Giladi advised me that he accidentally cut himself on 9/5/87 in the area of the left wrist while working on his car. At the St. Barnabas Hospital Emergency Room he requested a consultation by a surgeon. However, the doctor who saw him sutured him and released him without determining if any repair of the nerve was indicated.

Based upon this information and the other information that you determined from treating him, I would appreciate your advising if there was any deviation from standards by the Emergency Room doctor. Mr. Giladi has asked me to look into the question as to whether there is a potential malpractice case involving the treatment or lack of treatment that he received at St. Barnabas in Livingston, New Jersey.

I would appreciate your opinion.

Very truly yours,

David Lustbader

DAVID LUSTBADER

DL/CH

cc: Mr. Roni Giladi

006270

CONSULTATION SHEET

MADISON AVENUE ORTHOPAEDIC
ASSOCIATES, P.C.

N. Bondi, M.D.
E. Adler, M.D.

R. Goldstein, M.D.
Steven Struhl, M.D.

1235 Madison Avenue - New York, NY 10017

DATE: 8/21/93

PATIENT: Giladi, Roni

ACCIDENT: YES () NO () AUTO () WORK () OTHER ()

HISTORY: WW 6/30/93 - loaded ^{heavy} video equipment into car - injured both hands, wrists - and back. Seen at H.Serv. at Albert Einstein & Keap - 7 hand and back - neg.

Px - difflonisal 50mg & cyclobenzaprine 10mg - worked some - but lost time at work, sent for PT for back/hands - given codeine 30 tabs. On 8/18/93 - OT referred to HS - L hand

CHIEF COMPLAINTS dorsum swelled, and back pain radi to legs worse ^{(R) > (L)}
ALLERGIES: - bed rest 4 days -

MEDICATION:

PAST HISTORY-MEDICAL good health

Had Emg's - Israel 9/31/92 - bil-CTS

PAST HISTORY-SURGICAL - Dec 12, 91 - had (L) CT release, ulna n. transp. at elbow & capl. of ulna n. at level of 40yr - at Blankforn

X-RAYS - (As Keap) H.S. bil - neg -

PHYSICAL EXAMINATION:

(R) - tendons, numbness, & sensation median n - 1-2-3-4-5

(L) - Scar from surg at elbow & hand
numbness worse on (L) 4-5-6 - ulna
? tendons.

back - tender - could stand for long
S12 to 80° - AS - RT -

DIAGNOSIS (1) (2) CTS
(2) (L) CTS & damage to ulna nerve

TREATMENT: (3) L-S Spinal - R/O CTNP

006271

(1) Request Emg's both UE -

(2) Request MRI - L.S.

(3) Cont med -

PTO - YW

PD PW

MADISON AVENUE ORTHOPAEDIC
ASSOCIATES, P.C.N. Bondi, M.D.
E. Adler, M.D.R. Goldstein, M.D.
Steven Struhl, M.D.

1245 Madison Avenue • New York, New York 10128

Giladi Roni

9-28-93

Back Pain & Hand Pain

Back

① Pain on Flex of Hips & Knees at 90°.

Flex

SLR 10° by down 75° belly

Phalen test 2.

+ test 2.

Nerve -

Ry On RT L5, L5, S1

Back

② My Bath

Hands. 8/007

PDW. Out with

TR + C 4 uls.

2/22/94

pain cont. in C.B.

had ① MRI - 11/5/93 - copies in chart

HVP - ② ③ L5-S1

had been in Israel & had hel. Enclp -

has hel. CTS & ④ was 37 ulnar

entrapment & both elbows - ulna

nerve entrapment

Pain in C.S - Spem - SLR @ 30° S/S R > L

R5 - L5 -

⑤ + tests, tests at

Elbow ulnar nerve

Request auth for Epidural injection
if would get copies of Enclp
& return -

Lodene 400mg - # 60

005272

2/25/94 - ~~Had~~ ~~Ph~~ ~~Ever's~~ for bel. CTS -

i. when n. entrap. at Elbow - in total

(needs ptal Ever's - requested
previously)

Will make up Cg & send pt to SIT

3/30/94 Went to SIT - told consultant find file

but give copies

has bel. CTS

Need Ever's - with UE

Using govtlet carts

Jan also @ Elbow

Re leg. Ever's - with UE

5/10/94 fax Comp Contr 5/9 -

Date Acc 4/00/93

Carrier ID # W204002

WCB Case # 09348077

CC# - ?

They want note - how CT is job related -

Pt has ~~been~~ repeated lifting of heavy boxes and other
equipment related to his job - repeated motion on key
for editing system - & bel. CTS developed

Pt needs this on C4 for Comp -

Parent ~~not~~ Ever's &
leg. bel. CT release

MADISON AVENUE ORTHOPEDIC
ASSOCIATES, P.C.

N. Bondi, M.D.

R. Goldstein,

E. Adler, M.D.

Steven Struhl,

1245 Madison Avenue - New York, New York

Call 212 801 8000

003273

WCB # 09348077 - CCH W204002 0/0/93

11/2/94 - Pt has dev. bil CTS - due to repetitive motion & lifting of heavy T.V.'s - & equip on job
has evidence of bil. CTS -

have reg. auth for Ques's & history.

Pt has hearing 11/9/94 - needs up to date report

PE Number 1-2-3 F - ① Thumbs

Also ② 4-5 F numbers - 20 to ulna n. entrapment

pain ③ Elbow - ulnar n. entrapment

DPH

T.D. N.W.

1250 - 4W

4/12/95 - had hearing in 11/94 - saw Corp. med -

pt not told anything from him.

His attorney says she is trying to get another hearing

PE Condition is the same -

① Wrist - numbness 1-2-3 F ② Hand - median n

③ Thumbs - weakness ④ Wrist

Also ⑤ 4-5 F - numbness - 20 to

ulna n. entrapment - at elbow

⑥ Wrist - but phony pain ⑦

Number 1-2-3 F -

006274

Pl. numb - 4-5 F - tender ulna n at elbow

These findings are 20 to repetitive motion &

lifting heavy T.V.'s & equip on the job.

Dr. bil. CTS

bil ulna n entrapment

reg. bil. CTS Ques's - a nct

& unable for seeing both wrists & elbows

GILADI Roni

MADISON AVENUE OPTOMETRIC
ASSOCIATES

N. Bondi, M.D.

E. Adler, M.D.

245 Madison Avenue - New York

R. A.

Steven

I.D.

I.D.

1128

NOT

now - 800 - 777-7777

ASSOCIATES, P.C.
N. Bondi, M.D. R. Goldstein, M.D.
E. Adler, M.D. Steven Struhl, M.D.
1245 Madison Avenue • New York, New York 10128

6/30/95 - Cont. unable since July
No better pain for leg Aug's & more as
winded
Told pt. to have atty. call June 1,
1995

7/2/95 HAS HNP L5-S1 - 9' 6.5" long 9 22 33 112

This is also same Cont. Case - Same #'s

Has pain for Epidural block

phosphate #8007 - Epidural blocks - K3

EPIDURAL 8/9
✓AMB 8/11
✓AMB 8/14
✓AMB 8/14

10/6/95 had ✓ epidurals only -
had WOB MD's scan 10/2/95 -

6/30/93

same case

did shc - to 90° & pt was in agony & in bed
PT has ⊕ HNP L5-S1 - not healed

→ ⊕ HNP 3' occ ⊕
Pain Again, cont. LS
Sick to 60° bel. S/S

* Request better for myelogram - CT & lumbar
for connections - TDIW 6w

new

bel. CTs - using code up splints

* for. better for Aug's - both V/E

⊕ Tends - Nonlinear ⊕ 1-2-3 ⊕ 1-2-3 & 45
TDIW 6w

006275

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N. Bondi, M.D.

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E. Adler, M.D.

Steven Struhl, M.D.

1245 Madison Avenue • New York, New York 10128

12/27/95 - Hearing - 1st or 2nd wk of Jan.
 Auth. awarded for myelogram CT & lum.
 Auth. awarded for EEG's UE
 would resubmit forms

Using loud coarup splent-

Cont. see hot baths & home therapy

TD NW

4th

1/9/96 - had hearing - everything delayed -
 defendant had no medicals

Next hearing 2/2/96

Since finding

Awarded Auth for myel CT & lum. lum.

Awarded Auth for EEG's both UE.

Using coarup splent, (lumbar & upper)

Cont home PT &

TD NW

4th

3/24/96 bar at hearing - MD agreed pt has CT syndrome
 but doesn't agree it is work related

- Now has hearing 5/96 -

Since finding. Also given in LB as well as hands

Awarded Auth for myelo-CT - & lum. lum.

Awarded Auth for EEG both UE

Cont coarup splent, lumbar & ex

Cont PT.

005276

Witham song # 60 4th

TD NW

OTM 11-1-84

MADISON AVENUE ORTHOPAEDIC
ASSOCIATES, P.C.N. Bondi, M.D.
E. Adler, M.D.R. Goldstein, M.D.
Steven Struhl, M.D.

1245 Madison Avenue - New York, New York 10128

4/26/96

Hx 5/96 - swelling on back

Hx 10/96 " on back

Pain pynph - pain in L5 & back

Cervical back for nigel-CT - 1/2 pynph

Cervical back for C5 & C6

Cont Ultrasound -

Cont CT

Cooling Hplur; w/e

RTO

FDNW

GW

6-11-830

5/15/96 - severe pain in low back yesterday

Was unable to walk - Pain, pain, pain

Rx Spinal 3-4, low H/E/C

See (F) 400 (C) - numbness toes

Rx - Gentle LB - HNP-

Rx Olyte

(1) Vicodin ES

(3) Naproxen 500mg

(4) Flexril 100mg #30

Heat

TPO - 2w -

TPO NW

000077